

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marco Rubio for President**

**A. Full Name (Last, First, Middle Initial)**

**MRS. MIREYA RIVEIRO**

Mailing Address 16100 ABERDEEN WAY

City	State	Zip Code
MIAMI LAKES	FL	33014-6570

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.937822**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			07			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

**B. Full Name (Last, First, Middle Initial)**

**MRS. MIREYA RIVEIRO**

Mailing Address 16100 ABERDEEN WAY

City	State	Zip Code
MIAMI LAKES	FL	33014-6570

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

230.00

**Transaction ID : SA17.955014**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			26			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

10.00

**C. Full Name (Last, First, Middle Initial)**

**MR. ALEXANDER RIVERO**

Mailing Address 7190 SW 37 AVENUE STE. 405

City	State	Zip Code
MIAMI	FL	33186-

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PARAMOUNT RESIDENTIAL MORTGAGE

Occupation  
MORTGAGE BROKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.938894**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
01			11			2016			

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**Subtotal Of Receipts This Page (optional)**.....

520.00

**Total This Period (last page this line number only)**.....